U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 150   52   2. Fiscal Year Covered From:    1   1   2004   Through:   12   31   2004     3. Name and address of person filing.   Name   David	E PROPERTY OF THE PROPERTY OF	
3. Name and address of person filling.  Name   David	1. File Number U- 150 52	2. Fiscal Year Covered From:
Name David   p   Tucente   Name   Minnesota Pipe Trades Association   Labor Organization File Number   537334		1 / 1 / 2004 Through:  12 / 31 / 2004
P.O. Box, Bldg., Room No., if any  P.O. Box, Bldg., Room No., if any  Street   2086 Patricia Street   Street   4402 Airpark Blvd  City   Mendota Heights   City   Duluth  State   Minnesota   ZiP Code + 4   55120   State   Minnesota   ZiP Code + 4   55811  5. Position in labor organization.  Organizer  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monotetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name   7.a. Nature of Interest, Transaction, or Income.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street   City   State   ZiP Code + 4   Signature   Signator   Signature   Signator   Sign	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bildg., Room No., if any  Street   2086   Patricia Street   City   Mendota   Heights   State   Minnesota   ZIP Code + 4   55120   State   Minnesota   ZIP Code + 4   55811   5. Position in labor organization.  Organizer  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monelary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name    Trade Name, if any:  P.O. Box, Bildg., Room No., if any  Street    Signature    15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name David P. Lucente	Name Minnesota Pipe Trades Association
Street   2086 Patricia		Labor Organization File Number $1537334$
City   Duluth   State   Minnesota   ZIP Code + 4   55120   State   Minnesota   ZIP Code + 4   55911    5. Position in labor organization.   Organizer    Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name   7.a. Nature of Interest, Transaction, or Income.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any   7.b. Amount.  Street   Signature   Signatu	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State Minnesota ZIP Code + 4   55120 State Minnesota ZIP Code + 4   55811  5. Position in labor organization.  Organizer  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including toans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Street 2086 Patricia Street	Street 4402 Airpark Blvd
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  Street  ZIP Code + 4   Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	City Mendota Heights	City Duluth
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	State Minnesota ZIP Code + 4   55120	State Minnesota ZIP Code + 4 55811
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4   15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	5. Position in labor organization. Organizer	
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	6. Name and address of Employer (including trade name, if any).	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the		
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification, The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name	
7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Trade Name, if any:	
7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	P.O. Box, Bldg., Room No., if any	
State  Signature  Signature  15. Signature and verification, The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the		7.b. Amount.
State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Street	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	City	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	State ZIP Code + 4	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Sigr	ature
$\rho$ $\rho$ $\rho$	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	
	$\rho \sim 10^{-1}$	
Signed Name	Signed Warrel Mucanele	<del></del>

Name of Person Filing David Lucente	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	; b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  2004 Annual Contractors Association Golf
Name Minnesota Mechanical Contractors Association	Tournament
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street 830 Transfer Road	
City Saint Paul	
State   Minnesota   ZIP Code + 4   55114	
13.b. is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.